SEC Mail Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

MAR 162009

Washington, DC 110

TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1460979

OMB APPROVAL

OMB Number: 3235-0076

Expires: March 15, 2009

Estimated average burden hours per response. 4.00



09038471

Name of Offering (check if this is an amendment	and name has changed, and indicate chang	e.)					
February 25, 2009 Subscription							
Filing Under (Check box(es) that apply): Rule 504							
Type of Filing: X New Filing Amendment							
A. BASIC IDENTIFICATION DATA							
I. Enter the information requested about the issuer							
Name of Issuer (check if this is an amendment and name	ne has changed, and indicate change.)						
Media Publishing Platform, LLC							
		Talanhara Number (Including Assa Code)					
	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
4514 Wakefield Street, Madison	, WI 33/II	414-736-4665					
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)					
(if different from Executive Offices)	ļ						
Brief Description of Business							
•							
Develop, market, sell and support	t a content management ar	id social network software					
platform for newsrooms.							
Type of Business Organization							
corporation limited partner	ship, already formed X other (1	please specify): LLC					
business trust limited partner	ship, to be formed						
	Month Year						
Actual or Estimated Date of Incorporation or Organization:	110 018 X Actual Estin	nated					
Jurisdiction of Incorporation or Organization: (Enter two-let	ter U.S. Postal Service abbreviation for State	:					
CN for Canada; FN for other foreign jurisdiction)							
GENERAL INSTRUCTIONS Note: This is a special Ter	mporary Form D (17 CFR 239.500T) that	is available to be filed instead of Form D (17					

GENERAL INSTRUCTIONS Note: This is a special Temporary Form D (17 CFR 239.500T) that is available to be filed instead of Form D (17 CFR 239.500) only to issuers that file with the Commission a notice on Temporary Form D (17 CFR 239.500T) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009. During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239.500) but, if it does, the issuer must file amendments using Form D (17 CFR 239.500) and otherwise comply with all the requirements of § 230.503T.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exception under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Lewis A. Friedland Business or Residence Address (Number and Street, City, State, Zip Code) 4514 Wakefield Street, Madison, Wisconsin 53711 Check Box(es) that Apply: Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) **Phil Aucutt** Business or Residence Address (Number and Street, City, State, Zip Code) 3501 Lucia Crest, Madison, WI 53705 Check Box(es) that Apply: Promoter **✓** Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) The Curators of the University of Missouri Business or Residence Address (Number and Street, City, State, Zip Code) Office of Technology Management & Industrial Relations, Life Sciences Center, 340A, Columbia, MO 65211 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В. І	NFORMAT	ION ABOU	T OFFERI	ING				······································
1.	Hac the	icener col	d or does t	he issuer i	ntend to se	ell to non-a	occredited i	investors in	ı this offer	ing?		Yes	No
ι.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						L_						
2.	What is	the minin	num investr									\$_ ^{1,0}	00.00
												Yes	No
													K
	commis If a pers or state:	ssion or sim son to be lis s, list the n	ilar remune sted is an as ame of the b	eration for s sociated po proker or d	solicitation erson or age ealer. If m	of purchas ent of a brol	ers in conn ker or deale e (5) perso	ection with er registered ns to be list	sales of se d with the S ted are asso	curities in t SEC and/or	lirectly, any he offering. with a state sons of such		
Full NA	Name (Last name	first, if ind	ividual)					_				
	ness or	Residence	Address (N	Number and	d Street, C	ity, State, Z	Zip Code)						
Nam	e of As	sociated B	roker or De	aler									
State	s in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers				· —		
	(Check	"All State:	s" or check	individual	States)							☐ Ai	I States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	[ME]	MD	MA	MI	MN	MS	MO
	MT	NE SC	NV	NH	NJ	NM	NY	NC NC	ND	OH	OK N/C	OR	PA
	RI	SC	SD	TN	TX	UT	VΤ	VA	WA	[WV]	WI	WY	PR
Full	Name (Last name	first, if ind	ividual)									
Busi	ness or	Residence	: Address (1	Number an	d Street, C	City, State,	Zip Code)	<u> </u>					
													·
Nam	e of Ass	sociated Bi	oker or De	aier									
						to Solicit				·	-		
	(Check	"All States	" or check	individual	States)							□ ∆I	l States
[AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
] [MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
								VA	<u>WA</u>				
Full	Name (I	Last name	first, if ind	ividual)									
Busin	ness or	Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
Name	e of Ass	ociated Br	oker or De	aler							<u> </u>		
State	s in Wh	ich Person	Lieted Has	Solicited	or Intende	to Solicit I	Purchasers						
											·····	A1	States
r	AL	AK	AZ	AR	CA	CO	[CT]	DE	DC	[FL]	GA	HI	[ID]
	IL	IN	IA	[KS]	KY	LA	ME	MD	MA	MI	GA MN	MS	MO
•	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK]	OR	PA
[RI	SC	SD	TN	TX	UT	$[\overline{VT}]$	VA	WA	\overline{WV}	WI	\overline{WY}	PR

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	:	Amount Already Sold
	Debt	\$		\$
	Equity			\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			\$
	Other (Specify LLC Interests (Units)		_	s 1,000.00
	Total			\$ 1,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	ρ	_	Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors		_	<u>\$_1,000.00</u>
	Non-accredited Investors	0	_	\$_0.00
	Total (for filings under Rule 504 only)		_	\$
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505		_	\$
	Regulation A		-	\$
	Rule 504		-	\$
	Total		-	\$_0.00
1	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		- 7	§ 500.00
	Accounting Fees	_	_	\$
	Engineering Fees	_	_	\$
	Sales Commissions (specify finders' fees separately)	_	٦ -	* \$
	Other Expenses (identify)		ا ر	s
	Total			\$ 500.00

	C. OFFERING PRICE, NUM	IBER OF INVESTORS, EXPENSES AND USE OF P	PROCEEDS	
	and total expenses furnished in response to Part C -	ring price given in response to Part C — Question 1 - Question 4.a. This difference is the "adjusted gross		\$
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for my purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross of C — Question 4.b above.		
			Payments to Officers. Directors, & Affiliates	Payments to Others
	Salaries and fees	[
	Purchase of real estate	[\$	_ 🗆 \$
	Purchase, rental or leasing and installation of ma	chinery [\$	\$
	Construction or leasing of plant buildings and fa-	cilities	\$	
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)		¬\$	□\$
			_	_
			_	
		[] \$	
	Column Totals	[\$_0.00	S 500.00
	_		Z \$_5	00.00
Г		D. FEDERAL SIGNATURE		······································
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to furnished by the issuer to any non-acc	rnish to the U.S. Securities and Exchange Commis	sion, upon writte	
Issi	er (Print or Type)	Signature,	Date	
Me	dia Publishing Platform, LLC	11/1/19	Jums .	6 2009
	ne of Signer (Print or Type) Aucutt	Title of Signer (Print or Type) Chief Operating Officer		

- ATTENTION ----